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**A Report on Technical Assistance for**  
**Health Sector Reform in Poland**

**Final Project Report Covering the Period:**  
**September, 1999 – June, 2000**

**Funded by the United States Agency for International Development**  
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**With the Harvard School of Public Health**

**Harvard & Jagiellonian Consortium for Health**  
**Jagiellonian Foundation for Public Health**  
**Harvard School of Public Health**

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## **A. BACKGROUND AND OVERVIEW:**

The United States Agency for International Development supported the *Data For Decision-Making Project* (DDM) at the Harvard School of Public Health for the past nine years. Through DDM the USAID Mission in Poland requested and received technical assistance for health sector reform related activities from the fall of 1995 through December 31, 1999. From the outset of this work DDM has had a close working partnership with the Foundation for Public Health, a collaboration that led to the establishment in 1996 of the *Harvard & Jagiellonian Consortium for Health* (Consortium).

The Consortium provided technical assistance in health reform activities, initially for local governments and subsequently for national and new regional governments units as they planned for the reforms that took effect in January 1999.

Polish government health staff in multiple units wanted to take advantage of the project's expertise and accrued experience in health sector reform as the new system began. This demand led to the unsolicited proposal that produced this project, which in turn addressed tasks not funded under the previous contract, and in effect extended the USAID – Consortium relationship for an additional six months. This project moved the Consortium from an emphasis on planning for health system changes to a focus on implementation. The new project supported with USAID grant was implemented between September 30, 1999 and June 30, 2000.

The new Consortium project completed four distinct activities, all directed at supporting the re-engineered Polish health system in significant ways. First the project facilitated establishment of a forum where the important parties in the new system could address the critical issues (privatization, information and financing) that would lead to the success or failure of the reforms. Second, Consortium staff worked intensively with one of the new sickness (or insurance) funds as the senior staff struggled with a multitude of implementation issues. Third, the Consortium addressed the many conflicts inherent in the new system through an intensive workshop held for senior Polish health leaders on "Negotiation and Conflict Resolution." Fourth, the project completed a series of surveys in Krakow on patient satisfaction that added to previously gained information on consumer perceptions of the reforms.

## **B. ACTIVITIES:**

### **1) 16x4+1 Group Seminars**

The purpose of this activity was to encourage and facilitate strategic as well as operational cooperation among the key actors in the new regional health systems in Poland. The label "16x4+1" has referred to the seminar participants who were drawn from the regional – local – national design of the new health system: 4 representatives of the institutions responsible for health in a region (director of the regional sickness fund, director of the health department in the voivodship office, director of the health department in the capital city office, director of the health department of the assembly office) from the 16 administrative regions of Poland plus representatives from the central government (Ministry of Health, Ministry of Finance and Department of Health Insurance Control).

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There were four seminars organized by the Consortium, in response to request from the Ministry of Health. The topics and the educational programs prepared by Consortium were determined following discussions with Ministry officials. The seminars provided the opportunity to make informative presentations on pressing issues and to discuss progress in the complex implementation of health sector reform across Poland, from the perspective of central, regional and local governments.

The meetings improved information flow both vertically (between the MoH and health offices) and as well as horizontally (among representatives of similar health institutions across multiple regions in Poland). Each meeting followed the same general formula that had been determined to be effective in the earlier project:

- Small groups discussions of specific topics related to the overall topic of the session (the groups were defined by the roles of participants: directors of sickness funds, directors of the health departments of assembly offices etc.) - each group had one government official to work with;
- Presentations from the separate work groups;
- A presentation by the representative of the Ministry of Health addressing the main topic of the seminar; and,
- General plenary discussion.

## **First Seminar:**

**Date/Site:** January 7-8, 2000, Jachranka near Warszawa

**Subject:** "Health care system – regional health care systems in the era of privatization"

### **Group Members and Topics:**

**Group A.** Local government representatives  
"Privatization in the contracting process"

**Group B.** Directors of regional insurance funds  
"The Privatization process vs. financial reality"

**Group C.** Voivodship government representatives  
"Legislative problems encountered in the privatization of health services"

**Group D.** Voivodship health department representatives  
"Legislative responsibility regarding access to the health services"

## **Second Seminar:**

**Date/Site:** February 11-12, 2000, Wroclaw

**Subject:** "Information in the health care system– necessity and possibilities"

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- Group A.** Local government representatives  
“Medical documentation – services registration”
- Group B.** Directors of regional insurance funds  
“Information systems – Data collection and processing”
- Group C.** Voivodship government representatives  
“Analyzing the demand for medical services”
- Group D.** Voivodship health departments representatives  
“Collecting and analyzing data for creating health policy”

## Third Seminar

**Date/Site:** March 17-18, 2000, Gdansk

**Subject:** “health care financing –experience and problems”

### **Group Members and Topics:**

- Group A.** Local government representatives  
“Co-payments in health care services”
- Group B.** Directors of regional insurance funds  
“Problems encountered in financial management: Developing a plan to meet the challenges of limited resources.”
- Group C.** Voivodship government representatives  
“Dealing with the debt incurred by health care units”
- Group D.** Voivodship health departments representatives  
“The influence of financing strategies on health care provision”

## Fourth Seminar:

**Date/Site:** May 25, 2000, Kraków

**Subject:** “New actors in the health care system”

**Discussion Group Topic** (For all participants): “Defining roles for the effective implementation of health reforms”

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## **Feedback on Seminars:**

Seminar participants and the Ministry of Health found the seminars to be very successful. In fact they did increase communication among disparate partners about important subjects. These sessions also underlined the necessity of such meetings in the years to come; the health reform process is not over. In the first three meetings, all designed for large groups, about 100 participants took part. In contrast about 30 individuals attended the final session. The government was represented by senior leaders at these meetings, including the following: Franciszka Cegielska, Ministry of Health, Maciej Piróg, Vice Ministry of Health, Andrzej Rys, Vice Ministry of Health, Jerzy Miller, Vice Ministry of Finances, Anna Knysok, Plenipotentiary for Health Insurance Implementation, Elbieta Hibner, Ministry of Health, Teresa Kaminska, Supervisory Office for Health Insurance.

The meeting participants took advantage of both the plenary sessions and discussion groups to compare their early experience in the reform process. The sessions enabled participants to not only surface their common concerns across Poland but to present their issues to representatives of the Ministry of Health.

Attendees included the officials who were/are responsible for the development of health care policy. As a result the feedback loop created had two purposes, firstly providing important clarification of policies for regional and local officials, and secondly informing national level officials of difficulties that will require policy or regulatory development for resolution. These sessions cannot be assessed for ultimate impact until the MOH response (through legislation and regulations) is demonstrated. The seminars effectively surfaced important issues for Poland to resolve in order for progress to be made in health reform. A complete assessment requires the recommended legislation and regulations to be developed and sufficient time to pass in order to see the systemic impact of those steps on national goals for health reform (cost, access and quality).

The session on privatization was extremely important because while health officials across Poland are interested in using market and market-like mechanisms in the new health system they do not agree on the degree of privatization to be employed. The discussions focused on the problems encountered by organizations to date in the course of transformation from government budgetary institutions to „independent units.” Discussants also commented on the role of local governments and Sickness Funds and current legislative deficiencies which make the efficient and effective privatization difficult. Local officials, especially those managing independent units, were able to effectively point out to MOH officials from Warsaw the problems due to the lack of regulations clarifying legislative intent. It is now up to those same Ministry officials to develop the regulations.

Discussion was not limited to current legislation. In addition a draft proposal for a new Health Care law was presented and discussed. Ministry officials responsible for its development received important critical feedback on their bill.

The session on "Information in Health Care" surfaced many troublesome legal issues that remain to be addressed by the government. Participants raised issues regarding the regulation of a) medical documentation, b) branch identification coding for clinics, c) physician prescriptions, and d) medical service registration. In addition national and local leaders compared their relative needs for data to both manage health services and to monitor the achievement of national goals. Problems were identified in the health information system that remain to be resolved. In this session the MOH was represented by Vice Minister Maciej

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The seminar on "Methods of Health Care Financing – Problems and Experiences" focused attention on a subject had not been previously discussed in great detail. The discussants concentrated on potential of raising funds for health services by local governments. As in other sessions local government representatives were able to identify the national framework necessary to facilitate development of this potential. They surfaced the following issues, the lack of : a) a clear definition of non-profit organizations, b) an established benefit package to be financed from public resources, and c) a clear delineation of the role and tasks of local governments. Local officials contended that these three factors constituted the major barriers to generating additional funds at the local level. It is up to MOH officials to respond.

Regardless of the ultimate impact of these seminars attendees voiced support for their continuation. Participants have asked that meetings of this group with representatives of the Ministry of Health be organized once a quarter to continue communications.

### **2) Technical Support for the Pomorska Sickness Fund**

The Consortium found within its initial USAID project that an efficient way to promote positive national change is to work intensively with one or several model units. Given that the re-engineered health system would depend upon the success of the new sickness funds, one such fund was selected for this effort. The Pomorska Sickness fund was selected the model, with the intention that the experience gained would eventually be shared with other sickness funds as well as MOH officials. Topics for the seminars were selected in cooperation with the Pomorska Sickness Fund employees, in order to meet the most important educational needs of the seminar participants. All preparations were handled by Consortium staff and consultants.

Intensive technical assistance was provided to Pomorska Sickness Fund staff. This activity was designed to utilize population-based research and to the efficiency of the provision system, in part by providing an increasing role for the private sector.

The consulting topics included the following:

- **Indicators** of the health care system efficiency on regional level;
- **Methods of evaluation and control** of providers and services relative to the efficiency, quality and accessibility of services;
- **Financial strategies** for regional insurance funds, (including the analysis of costs and revenues); and,
- **Management tools** supporting strategic and operational management.

Pomorska staff were not merely provided with "boilerplate" recommendations. A Consortium consultant was assigned to analyze the situation facing the Pomorska Fund. Only after this analysis were suggestions made. Fund staff were then assisted with the implementation of the recommendations.

The sickness fund gained the following from its consultations with Consortium experts: development of efficiency indicators, improved methods for monitoring the efficiency, quality and accessibility of services, improved methods for analyzing costs and revenues, enhanced contracting procedures, and improved strategic, operational and financial planning. The result of this activity is that critical management functions at the sickness fund improved. Cost-efficiency was enhanced. Assuming the output of the Fund was appropriate



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to the health needs of the population, this assistance is also expected to lead to increased effectiveness, i.e. improvements in health status.

As promised project staff are paying attention to dissemination. After deleting details related to the particular Fund, documents will be disseminated to other regions about the improvements made at the Pomorska Regional Fund.

## Training sessions:

From December 1999 to April 2000 the Consortium organized a series of training sessions for the staff of the Pomorska Regional Fund. To meet the needs of the staff, the one day sessions were organized, covering the following topics: services contracting, quality monitoring in health care, management control of provision services and integrated health care systems.

- December 17, 1999, Gdansk  
“Services contracting” – Marek Haber, Robert Strzelczyk
- January 28, 1999 Gdansk  
“Quality monitoring in the health care” – Aleksandra Banaszewska, Jacek Siwiec
- February 24, 2000, Gdansk  
“*Management control of health services provision*” – Adam Rolewski, Marcin Szulwinski
- April 7, 2000, Gdansk  
“Integrated health care systems” – Zbigniew J. Król

The scope and subjects of training were established during the meeting of the Management Board of the Pomorska Regional Sickness Fund with the Consortium Representatives. The training concerned those educational fields which were most essential for the Fund's activities. The program of each course, as well as teaching materials were specially prepared for the use by the Sickness Fund employees. The sessions were conducted in an interactive way in order to allow for the participants' reacting to the teaching contents presented to them. In total, almost 100 employees participated in the training.

Each training session was appraised by means of a specially prepared participant survey. The appraisal covered the applicability of the contents, the lecturers' presentation effectiveness, and the quality of education materials. The average grade granted in particular categories (on a 5 point scale) oscillated between 4.6 and 4.9, providing evidence of high consumer satisfaction with the program.

## **3) Seminar: “Building Partnerships in Health Care Through Negotiation and Problem Resolution.”**

**Date/Site:** January 11-13 2000, Zakopane

There is no lack of conflict in the new health system. Decentralization of decision-making in the new health system has been achieved. No longer are all important decisions channeled to politicians in Warsaw. Consortium leaders invited Professor Leonard Marcus to

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and in on the faculty of from the Harvard University where he has participated in other activities organized by the International Health Systems Group. This was his second visit to Poland.

Participants in this seminar improved their important people management skills. They gained from both their participation in the meeting and from their reading of Professor Marcus' book, *Renegotiating Health Care*, which was recently translated into Polish.

Conflicts are omnipresent in health reform processes, as both organizations and individuals take on new roles and responsibilities. In Poland these conflicts include issues dividing national, regional and local (city and county) officials as well as conflicts between the regional sickness funds and the hospitals and ambulatory care organizations (ZOZs and clinics) with whom they are contracting. Negotiations are an important part of the contracting process and the key individuals involved must develop their skills in this practice.

During the seminar, the participants learned how to clarify their goals as well as their strategies for successful negotiations. The result of the training was the improvement of negotiation skills among important decision-makers in the Polish health sector. That skill enhancement should ultimately lead to the achievement of the goals set by the attendees and the organizations they represent.

### Participants included the following:

No.	Name and Surname	Institution
1.	Brzezińska Krystyna	Poznań – Sickness Fund
2.	Czabanowska Katarzyna	Institute of Public Health
3.	Czarniecka Krystyna	Warsaw – Ministry of Health
4.	Dąbrowska Barbara	Warsaw – Ministry of Health
5.	Getka Maria	Warsaw – Ministry of Health
6.	Janus Sławomir	Opole – Sickness Fund
7.	Kamińska Monika	Warsaw – Ministry of Health
8.	Karpiński Jerzy	Gdańsk – Regional Assembly
9.	Kaufman-Suszek Elżbieta	Białystok – Regional Assembly
10.	Kiciński Krzysztof	Kraków – Regional Assembly
11.	Kolek Roman	Opole – Regional Assembly
12.	Krakowska Barbara	Warsaw – Ministry of Health
13.	Kubiakowski Janusz	Kielce – Regional Assembly
14.	Kukurba Jacek	Kraków – Sickness Fund
15.	Lamparska Anna	Kielce – Sickness Fund
16.	Łobacz Stanisław	Zielona Góra – Sickness Fund
17.	Marcysiak Aldona	Bydgoszcz – Sickness Fund



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18.	Misińska Barbara	Wrocław – Sickness Fund
19.	Nowicki Jerzy	Poznań – Regional Assembly
20.	Podlaska Regional Sickness Fund	Białystok – Sickness Fund
21.	Potkański Tomasz	Warsaw – USAID
22.	Przyszlak Tadeusz	Warsaw – Ministry of Health
23.	Sala Dorota	Warsaw – Ministry of Health
24.	Sasuła Andrzej	Kraków – Regional Assembly
25.	Sośnierz Andrzej	Katowice – Sickness Fund
26.	Steczyński Andrzej	Gdańsk – Sickness Fund
27.	Stelmach Włodzimierz	Łódź – Sickness Fund
28.	Struś Marek	Rzeszów – Sickness Fund
29.	Strzelczyk Robert	Sobótka – Wrocław – Regional Assembly
30.	Szalewski Arkadiusz	Warsaw – Ministry of Health
31.	Szpyrka Grzegorz	Katowice – Regional Assembly
32.	Wróblewska Ewa	Bydgoszcz – Sickness Fund
33.	Zajac Monika	Warsaw – Ministry of Health

#### **4) Patient Satisfaction Survey**

Many reform activities have not been sufficiently measured for outcome. In Krakow Gmina officials declared that the objective of their complex series of reforms was to gain improvements in consumer satisfaction without increasing city costs. A system of surveys was implemented to assess whether this objective was being accomplished. This project enabled the continuation of these surveys.

In May and June 2000 a patient satisfaction survey focused upon outpatient health care units of Gmina Krakow was conducted. (The previous surveys were conducted in 1997 and 1998). As previously patients were interviewed in outpatient clinics. The patients from 4 Kraków ZOZ's (local ambulatory care networks) were questioned. The questionnaire was constructed to assess performance in three basic areas: accessibility (registration, medical service, specialist service, examinations), care provision (communication between patients and staff, physician competence, and health promotion activities) and patient satisfaction (from registration to departure). The survey was repeated in order to assess potential changes over time in the same units. This was important because the longitudinal tracking would now include the period following the implementation of the January 1999 reforms. The data was collected, analyzed and presented in 100-page report.

This work is important for two reasons. First, the survey methodology has been proved over time to efficiently collect important information on consumer satisfaction, a key variable of interest in the on-going transition to a market-based economy. This methodology

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is available for replication throughout Poland. Second, the information itself, i.e. the results of this survey, should be useful to officials and managers overseeing ambulatory care reforms across Poland.

The evaluation model defined service quality as composed of four, independent quality dimensions: availability, communication, satisfaction, and security. In order to correctly evaluate each of them, project staff first determined objectives and then measurable indicators for each of the dimensions. The indicators selected for inclusion on the survey were the following:

1) Availability:

- Waiting time for registration
- Registration appraisal
- Waiting time for the visit

2) Communication:

- Information offered during registration
- Information concerning the patient's current complaints
- information concerning further treatment
- Information concerning drug administration
- Information concerning the results of earlier examinations and tests
- Information concerning recommended additional examinations and tests
- Willingness of physician to listen to patient's health problems
- Measurement of physician's ability to talk to the patient in a clear and understandable way

3) Satisfaction

- Registration clerk's politeness
- Physician's politeness
- Nurses' politeness
- Satisfaction with registration
- Satisfaction with the visit
- Satisfaction with nursing services

4) security

- Physician's gentleness during examination
- Privacy provided during examination
- Thoroughness of physician's examination
- Proficiency of nursing examination
- Confidence in the physician

The survey covered 27 health centers, including public clinics, non-public clinics and family physician offices. The major conclusions may be listed as follows:

1. Consumer satisfaction with the registration process is considerably higher in non-public and family physician offices than in public clinics.
2. Nursing services in family physician offices are evaluated as significantly more satisfying than nursing services in the other offices.

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3. The accessibility of medical services is judged as significantly greater in family physicians' offices than accessibility measured for other types of medical offices. Overall physician specialists earn the lowest marks for accessibility while Ob/Gyns' were assessed as most satisfactory.
4. Service availability is a concern in all areas. On a scale measured 1 – 100 only three of the facilities surveyed exceeded a score of 75, i.e. a "rather good availability" grade.
5. The highest grades in communication were awarded to family physician offices. In contrast Ob/Gyns earned the poorest grades.
6. Patients' highest marks for privacy were accorded to family physicians' offices.
7. In general services provided in family physician offices are evaluated by patients as exceeding those in the remaining facilities. The most satisfied patients are those utilizing family physician offices, while the least satisfied patients come from the public clinics.
8. The most satisfied patients are those who can identify "my doctor" and "my pediatrician," The least satisfied patients are those who go directly to physician specialists.

The above results have provided additional rationale for providers and policy-makers advocating for the spread of the family practice across Poland. The prevalence of this model will not be high unless training programs are given additional resources. Hopefully the publication of these results, when added to other evidence, will lead to greater capacity in family practice training programs and ultimately lead to higher patient satisfaction across the country.

### **C. FOUNDATION FOR PUBLIC HEALTH CONTRIBUTIONS**

It is important to note that the Foundation for Public Health made contributions to this project that were not funded by the U.S. Agency for International Development. These contributions included the following:

1. The closing conference of the Harvard & Jagiellonian Consortium for Health was held on May 26, 2000 in Kraków. The conference was organized around the topic: "The new health care system in Poland – Contrasting the Situation Before, During and After Reform". Over 100 people attended the meeting including many who had been involved in the work of the Consortium over the last five years. The Foundation's contribution for the Final Conference, as promised in the original proposal to USAID, amounted to \$ 8,000 US.
2. Two (June 9-11 and June 29) training sessions on negotiating skills were organized for the health care managers from the Dolnoslaski Region based upon the materials developed by Professor Leonard Marcus for his own educational sessions provided during this project. The trainers worked with Professor Marcus during his visit to Poland and took part in his seminar. They then made full use of their new skills by providing a similar training session for Polish

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health care managers who could not attend Professor Marcus' program. The training sessions were very successful and the Foundation is still receiving requests for duplicating this activity for other audiences in Poland. Another session on negotiation and conflict resolution is scheduled for next fall in another part of Poland. The Foundation's contribution to the Dolnoslaski workshops, as promised in the original proposal to USAID, amounted \$5,000 US.

3. The book by Leonard Marcus on negotiation and conflict resolution (*Renegotiating Health Care*, originally published in the United States) was translated, edited by the Foundation Publishing House, printed and subsequently distributed to participants in the seminars.